Protocol Changes for Statewide Treatment Protocols, Version 2015.01

Effective October 20, 2015

#	Protocol or Appendix	Change	Reason
1.	1.0 Routine Patient Care-Assessment and Treatment Priorities	Lidocaine IO should be 40mg/2min, corrected in the Adult Medication reference	Clarifying dosing administration
2.	1.0 Routine Patient Care-Assessment and Treatment Priorities	Added from 11.01: "General Principles for Specific Skills" Added #14: "EMS crews should not begin or administer interventions that would require medical assessment if a patient is being brought to an environment where formal medical assessment will not be provided; for example, giving IV narcotics to a patient who is about to be left at home"	Inadvertently removed with new format of 12.01 edition
3.	1.0 Routine Patient Care-Ambulance Stretcher Operations	Language change: All EMTs moving patients must keep both hands on the ambulance cot "at all times", changed to read: "when elevated or in motion".	Clarifying language
4.	1.0 Routine Patient Care-Medication Use and Storage	Norepinephrine must be administered via infusion pump; Dopamine may be used until pump available. Those providers with the equipment and training may begin using pumps immediately	Norepinephrine had been determined to be a safer drug for the treatment of shock. Norepinephrine must be administered via a pump due to small dosing requirements. Until pumps are available continue to use Dopamine
5.	1.0 Routine Patient Care-Transport Decisions	Call for "ALS when appropriate" and "provide rapid transport without delay with or without ALS"	Inadvertently removed with new format of 12.01 edition
6.	2.2A; 2.14; 2.16A;2.16P;3.3A; 3.6;4.8 and 6.4 as MCO also in 3.8/Paramedic	Norepinephrine added to these protocols Adult and Pediatric dosing Norepinephrine 0.1mcg/kg/min-IV/IO by pump. Titrate to a systolic blood pressure of 90mm Hg	AHA guidelines recommend Norepinephrine
7.	2.2A; 2.14; 2.16A;2.16P;3.3A; 3.6;4.8 and 6.4 as MCO also in 3.8/Paramedic	Infusion pumps will be required for the administration of pressor agents by 2017 -Statement is in Routine Care	Enhance safety
8.	2.3A Altered Mental /Neurological Status/Diabetic Emergencies-Adult	In the E/I section language added that reads: "Glucose is indicated only for documented hypoglycemia." -Prior to the administration of glucose, the glucose level must be checked using the glucometer	Administration of glucose safest to those with documented hypoglycemia
9.	2.3 A Altered Mental /Neurological Status/Diabetic Emergencies-Adult	For the AEMT the SC route was removed from Glucagon. -Glucagon SC added to the Paramedic scope of practice	Not in the AEMT's scope of practice
10.	2.3 A Altered Mental /Neurological Status/Diabetic Emergencies-Adult	Dextrose chart moved to A1 the Adult Medication Reference	Consolidating references
11.	2.3 A Altered Mental /Neurological Status/Diabetic Emergencies-Adult	Thiamine removed	Literature indicates there is no significant benefit for Thiamine in emergency care
12.	2.3 P Altered Mental /Neurological Status/Diabetic Emergencies-Pediatric	For the AEMT the SC route was removed from Glucagon. -Glucagon SC added to the Paramedic scope of practice	Not in the AEMT's scope of practice
13.	2.3 P Altered Mental /Neurological Status/Diabetic Emergencies-Pediatric	In the E/I section language added that reads: "Glucose is indicated only for documented hypoglycemia." -Prior to the administration of glucose the glucose level must be checked using the glucometer	Administration of glucose safest to those with documented hypoglycemia

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14.	2.4 Behavioral Emergencies	Clarify Haloperidol for chronic TBI, not acute TBI- the words "head injured" were removed	Clarify Haldol is for chronic Traumatic Brain Injury (TBI) patients not acute TBI patients
15.	2.4; 2.9; 2.10; 2.14; 2.15A; 3.7;5.2; and the Adult Medication Reference	Midazolam adult dosing change 2.5 mg is changing to 2 mg 5 mg dosing is changed to 6 mg. New range 2-6mg.	Stock/ packaging is changing. New range 2-6mg.
16.	2.8 Hypothermia	Protocol references numbering fix	Technical fix
17.	2.10 Obstetrical emergencies	IN route removed from Diazepam	Not an effective method of administration
18.	2.11 Newly Born Care	Remove the line-"Consider placing newborn skin-to-skin on the mother's chest or abdomen."	This practice is not recommended in the prehospital setting
19.	2.13; 3.7 and 7.6	Change Morphine to a weight based dose. Morphine 0.1mg/kg maximum dose 10 mg	More accurate dosing
20.	2.14 Poisoning/Substance abuse/Overdose/Toxicology-Adult & Pediatric	Thiamine removed	Literature indicates there is no significant benefit for Thiamine in emergency care
21.	2.15 P-Seizure-Pediatric	Midazolam dosing 0.05 mg/kg IV/IO/IM/IN to a maximum dose of 4 mg	Clarifying dose
22.	2.17 Stroke	Added language in the red flag/caution box that reads: "even if symptoms have resolved" -"With a Stroke/TIA where the symptoms have resolved the Stroke Alert is indicated and hospital notification should include symptoms resolved as part of your notification"	Enhance stroke care
23.	2.17 Stroke	Stroke checklist added	Enhance coordination of stroke care with hospitals
24	2.17 Stroke 3.1 Acute Coronary Syndrome and 3.8 Post Resuscitative Care – Return of Spontaneous Circulation (ROSC)	Language added from Routine Care Document added into these protocols to ensure avoiding hyperoxygenation of the patient: "Avoid hyperoxygenation, oxygen administration should be titrated to patient condition, and withheld unless evidence of hypoxemia, dyspnea, or an SpO2 <94%, especially in the presence of a suspected CVA/TIA or ACS. "	Clarifying language
25.	3.1 Acute Coronary Syndrome	Aspirin dose changed to 324-325 mg	Standardizing dose
26.	3.1 Acute Coronary Syndrome	Systolic Blood Pressure (SBP) reading increased to 120mm Hg (from 100mm Hg) prior to giving Nitroglycerin (NTG).	Standardizing SBP number before giving NTG
27.	3.6 Congestive Heart Failure (Pulmonary Edema)	Removed requirement for IV prior to administration of NTG.	The administration of NTG should not be delayed to establish an IV with an adequate BP. Please note the next entry #29-the minimum SBP to 120 mm Hg
28.	3.6 Congestive Heart Failure (Pulmonary Edema)	SBP reading increased to 120mm Hg (from 100mm Hg) prior to giving NTG and Nitropaste.	Standardizing SBP number required before giving NTG
29.	3.8 Post Resuscitative Care/ROSC-Adult	Amiodarone removed as a Paramedic option. Listed as a Medical Control Order (MCO) only	Amiodarone is used primarily to treat ventricular fibrillation and ventricular tachycardia that occurs during cardiac arrest and is unresponsive to shock delivery, CPR and vasopressors

#	Protocol or Appendix	Change	Reason
30.	4.1 Burns/Inhalation/ Electrocution and Lightning Strike Injuries Adult and Pediatric	Fluid Resuscitation rate changes: if greater (>) than 20% Body Surface Area (BSA) burn, including second and third degree injuries: Adults- 1 liter Normal Saline Pediatric-20ml/kg Normal Saline if Burns are less (<) than 20% BSA Adult-administer 500 ml Normal Saline IV Pediatric-administer 10ml/kg	Simplifying fluid rates
31.	4.3 Eye Emergencies	Under MCO, added "if available" to Tetracaine	Tetracaine is carried at the option of the service
32.	4.6 Musculoskeletal Injuries Adult &Pediatric	The word closed was added to the 5th bullet 2nd indent reads: "Traction splinting is preferred technique for isolated adult and pediatric **closed** mid-shaft femur fractures (unless contraindicated by associated injury)"	Clarifying technique
33.	4.8 Spinal Column/Cord Injuries	The following language has been added to protocol 4.8. Language from Selective Spinal Assessment protocol 6.4: Long backboards are NOT considered standard of care in most cases of potential spinal injury. Instead, use spinal motion restriction with a cervical collar and cot in most cases. Not that there are exceptions, such as a patient with a potential spinal injury who cannot be logrolled while being transported and may be at risk of a compromised airway. and Spinal Immobilization Procedure 1. Establish manual c-spine stabilization in the position that the patient is found. 2. Assess for correct size and properly apply a cervical collar. 3. Move patient from the position found to the location of the ambulance stretcher utilizing a device such as a scoop stretcher, long spine board, or if necessary, by having the patient stand and pivot to the stretcher. DO NOT permit the patient to struggle to their feet from a supine position. 4. Position patient on the ambulance stretcher. 5. Remove scoop or logroll patient off long spine board or other device (if such device was utilized). 6. A blanket roll or blocks and tape attached to the stretcher may be used to minimize lateral movement of head during transport. 7. Once on the ambulance stretcher, instruct patient to lie still. 8. The head of the stretcher may be elevated 20-30 degrees in a position of comfort. 9. Secure cross stretcher straps and over-the-shoulder belts firmly. 10. Utilize a SLIDE BOARD at the destination to move the patient smoothly to the hospital stretcher. 11. Ensure appropriate documentation of procedure in patient care report	Current medical/trauma recommendations

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34.	5.2 Difficult Airway-Adult	The definition of an unstable airway was changed to read: "An unstable Airway situation can be defined as unable to clear a foreign body airway obstruction, OR airway grading** (Figure 1 & 2) suggests intubation unlikely, OR unsuccessful intubation after no more than a total of 3 attempts."	The criteria for an unstable airway were clarified. The word "OR" was added to indicate the patient needs to meet on one criteria
35.	6.0 Medical Director Options	Protocol References-numbers fixed	Technical fix
36.	6.0 Medical Director Option	Appendix I reference amended to read Section 6-	Technical fix
37	6.1BLS/ILS Assisted Albuterol Adult & Pediatric	A "No" arrow was added to the 4th box-clarifying that if the patient does not have a current prescription for Albuterol the protocol cannot be followed	Technical fix
38.	6.2 Cardio-Cerebral Resuscitation	Wording change-100% oxygen removed now reads "provide high flow oxygen via a facemask or nasal cannula"	Avoid hyperoxygenation of the patient
39.	6.4 Selective Spinal Assessment (SSA)	Revised streamlining process. Language added indicating SSA applies in interfacility transfers (IFT)	Clarifying the process
40	7.3 Medical Orders for Life Sustaining Treatments (MOLST) and Comfort Care/Do Not Resuscitate (DNR) Order Verification	the word "bracelet" was added into the Introduction and the Implementation Procedures #1	The bracelet is a valid option to convey a patient's wishes not to be resuscitated
41.	7.4 Pediatric Transport	Images removed from the 2nd page	Technical fix
42.	7.4 Pediatric Transport	Transporting a neonate language added that reads : **Mother and Newborn Transport** "Transport the newborn in an approved size-appropriate child restraint system that complies with the injury criteria of the Federal Motor Vehicle Safety Standards (FMVSS) No. 213 in the rear-facing EMS provider seat /captain's chair) that prevents both lateral and forward movement, leaving the cot for the mother. Use a convertible seat with a forward-facing belt path). Do not use a rear-facing only seat in the rear-facing EMS provider's seat. You may also use an integrated child restraint system certified by the manufacturer to meet the injury criteria of FMVSS No. 213."	Enhancing safety
43.	7.6 Sedation for Electrical Therapy Adult and Pediatric and the Adult Medication Reference	Midazolam dose changed to 0.5mg to 2 mg	Stock/ packaging is changing. New range 2-6mg.
44.	Appendix A1 Adult Medication Reference-Dextrose	Dextrose chart added here-removed from Protocol 2.3 A Altered Mental/Neurological Status/Diabetic Emergencies-Adult	Consolidating references
45.	Appendix A1 Adult Medication Reference-Dopamine	Dopamine added bullet that reads: "Used when infusion pump/Norepinephrine not available"	Clarifying information
46.	Appendix A1 Adult Medication Reference-Haloperidol (Haldol)	Removing IV/IO from Haldol	Standardizing with Protocol 2.4 Behavioral Emergencies
47.	Appendix A1 Adult Medication Reference-Norepinephrine	Norepinephrine added Mix 4mg in 250mL of D5 diluent packaged with medication	New medication
48.	Appendix A1 Adult Medication Reference-Thiamine	Thiamine removed from the drug reference	Literature indicates there is no significant benefit for Thiamine in emergency care
49.	Appendix A2-all charts - Pediatric Drug Reference	Midazolam dosing 0.05 mg/kg IV/IO/IM/IN to a maximum dose of 4 mg	Clarify dose

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50.	Appendix A2-all charts - Pediatric Drug Reference	Norepinephrine 0.1mcg/kg/min added	New medication must have an infusion pump to administer
51.	Appendix A2 Pedi Drug reference 12-14 kg patient -Diphenhydramine	Diphenhydramine (Benadryl) range is 12-14mg (1mg/kg)	Technical fix
52.	Appendix A2 Pedi Drug reference 8-9 kg patient -Epinephrine	Epi 1:10,000 8-9kg: should be 0.085mg	Technical fix
53.	Appendix A3 IFT	Table of contents relabeled	Easier to navigate
54.	Appendix A3 IFT	Language added (in bold) : "Wound vacs that are self-contained, gravity draining or battery powered can be transported by BLS providers reads: a. Routine, scheduled transport; Patient clearly stable for transport with no requirement for airway management and no device in place that is actively running or requires any maintenance or monitoring. Patient may have a device in place, but device must be locked and clamped, not require any maintenance and not be actively running. Such inactive devices may include, but are not limited to, IVs, nasogastric tubes, feeding tubes, PICC lines, bladder irrigation **and wound vacs (wound vacs that are self-contained, gravity draining or battery powered can be transported by BLS providers)".**	Self draining and battery powered wound vacs can be transported by EMT-Basics
55.	Appendix A3 IFT Part C	Added language-SSA is approved for IFT	Clarifying language
56.	Appendix A3 Part D6 STEMI	Removed "minimum of 4L/m via nasal cannula"	Avoid hyperoxygenation of the patient
57.	Appendix A4	Scope of Practice document	New document- reference guide for EMT-Bs, EMT-Is, AEMTs and Paramedics